



# Tobacco Region Revitalization Commission

## Signature Authorization Letter

Grant Recipient: \_\_\_\_\_

Project Title: \_\_\_\_\_

TRRC Grant #: \_\_\_\_\_

*The following persons are authorized to request funds for the above grant awarded by the Tobacco Region Revitalization Commission:*

Signature	Printed Name	Title

*All grant payments shall be made payable to:*

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Federal ID # \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

\_\_\_\_\_  
Signature of Grantee's Chief Executive

\_\_\_\_\_  
Printed Name of Grantee's Chief Executive

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date